

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	1						61					
12		1					62					
13			1				63					
14				1			64					
15					1		65					
16						1	66					
17							67					
18							68					
19							69					
20							70					
21	1						71					
22		1					72					
23			1				73					
24				1			74					
25					1		75					
26						1	76					
27							77					
28							78					
29							79					
30							80					
31	1						81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					Total Indep
Total Depend							Total Depend					Total Depend
Total Claims							Total Claims					Total Claims